

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/423944
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		1		1			54						
5		1		1			55						
6	1		1				56						
7		1		1			57						
8		2		1			58						
9		2		1			59						
10		1		1			60						
11		1		1			61						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↙	9	↙		↙	TOTAL DEP.		↙		↙		↙
TOTAL CLAIMS			11				TOTAL CLAIMS						